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CONFIRMATION NO. 8414

<b>SERIAL NUMBER</b> 10/721,325	<b>FILING OR 371(c) DATE</b> 11/26/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 22385.00	
<b>APPLICANTS</b> Tasheem Watkins, Clementon, NJ; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/26/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 3	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> TASHEEM WATKINS 39 NAYLOR AVE. CLEMENTON ,NJ 08021					
<b>TITLE</b> INSULIN SYRINGE WITH MAGNIFIED SHEATH					
<b>FILING FEE RECEIVED</b> 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		